

|                                 |  |                               |                             |
|---------------------------------|--|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i>   | <i>AULD-126964791</i>  | <i>State:</i>                 | <i>Arkansas</i>             |
| <i>Filing Company:</i>          | <i>Pioneer Mutual Life Insurance Company</i>                                     | <i>State Tracking Number:</i> | <i>47598</i>                |
| <i>Company Tracking Number:</i> | <i>2910</i>  |                               |                             |
| <i>TOI:</i>                     | <i>L09I Individual Life - Flexible Premium</i>                                   | <i>Sub-TOI:</i>               | <i>L09I.001 Single Life</i> |
|                                 | <i>Adjustable Life</i>   |                               |                             |
| <i>Product Name:</i>            | <i>Waiver of Monthly Deductions and Credit of Premium Disability Riders</i>      |                               |                             |
| <i>Project Name/Number:</i>     | <i>Waiver of Monthly Deductions and Credit of Premium Disability Riders/2910</i> |                               |                             |

## Filing at a Glance

Company: Pioneer Mutual Life Insurance Company

Product Name: Waiver of Monthly Deductions and Credit of Premium Disability Riders  
 SERFF Tr Num: AULD-126964791 State: Arkansas

TOI: L09I Individual Life - Flexible Premium  
 Adjustable Life  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num: 47598

Sub-TOI: L09I.001 Single Life  
 Co Tr Num: 2910  
 State Status: Approved-Closed  
 Filing Type: Form  
 Reviewer(s): Linda Bird

Author: Angela Riggles  
 Date Submitted: 12/28/2010  
 Disposition Date: 01/11/2011  
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Waiver of Monthly Deductions and Credit of Premium Disability Riders  
 Status of Filing in Domicile: Pending

Project Number: 2910

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/11/2011

State Status Changed: 01/11/2011

Deemer Date:

Created By: Angela Riggles

Submitted By: Angela Riggles

Corresponding Filing Tracking Number:

Filing Description:

We are submitting for your review and approval forms 2910 and 2911. These forms will replace 2906 and 2907, which were previously approved in your state on July 25, 2008, SERFF tracking #AULD-125622422. These riders will be offered with form 2900, which was approved on the same date.

Form 2910, Waiver of Monthly Deductions Disability Rider, waives all policy charges if the primary insured becomes totally disabled. Monthly Deductions are waived for total disability following a six-month waiting period. If disability occurs before age 60, Monthly Deductions are waived to age 121 as long as total disability continues. If disability

|                                 |  |                               |                             |
|---------------------------------|--|-------------------------------|-----------------------------|
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| <i>Filing Company:</i>          | <i>Pioneer Mutual Life Insurance Company</i>                                     | <i>State Tracking Number:</i> | <i>47598</i>                |
| <i>Company Tracking Number:</i> | <i>2910</i>  |                               |                             |
| <i>TOI:</i>                     | <i>L09I Individual Life - Flexible Premium</i>                                   | <i>Sub-TOI:</i>               | <i>L09I.001 Single Life</i> |
|                                 | <i>Adjustable Life</i>   |                               |                             |
| <i>Product Name:</i>            | <i>Waiver of Monthly Deductions and Credit of Premium Disability Riders</i>      |                               |                             |
| <i>Project Name/Number:</i>     | <i>Waiver of Monthly Deductions and Credit of Premium Disability Riders/2910</i> |                               |                             |

occurs between ages 60 to 65, Monthly Deductions are waived as long as the Insured remains totally disabled, but not beyond age 70. This rider is available only at issue. The main difference between this version and form 2906 is the client gets to choose between a two or five year period in which he/she is incapable of working in his/her own occupation before being totally disabled and unable to work in any occupation. Also, the previous version only waived monthly deductions until age 65, if the disability occurred between the ages of 60 to 65.

Form 2911, Credit of Premium Disability Rider, pays a designated premium amount into the account value during a period of total disability. The Credit of Premium Disability rider may not be added to a policy unless the Waiver of Monthly Deductions Rider is already added. If disability occurs before age 60, the designated premium benefit is paid to age 121 as long as total disability continues. If disability occurs between age 60 to 65, the designated premium benefit is paid as long as the Insured remains totally disabled but not beyond age 70. This rider is available only at issue. The same changes were completed for this rider as the ones mentioned for form 2910.

These forms do not contain any controversial or unusual items from normal company and industry standards. These forms have been submitted in final print, subject to typographical errors and any minor modifications in the paper stock, size, ink, border, company logo and adaptations due to computer production and printing.

Thank you for your assistance with this submission.

## Company and Contact

### Filing Contact Information

|                                |                               |
|--------------------------------|-------------------------------|
| Angie Riggles, Product Analyst | angela.riggles@oneamerica.com |
| One American Square            | 317-285-4371 [Phone]          |
| P.O. Box 7127                  | 317-285-1297 [FAX]            |
| Indianapolis, IN 46206-7127    |                               |

### Filing Company Information

|                                       |                         |                                 |
|---------------------------------------|-------------------------|---------------------------------|
| Pioneer Mutual Life Insurance Company | CoCode: 67911           | State of Domicile: North Dakota |
| One American Square                   | Group Code: 619         | Company Type:                   |
| P.O. Box 7127                         | Group Name:             | State ID Number:                |
| Indianapolis, IN 46206                | FEIN Number: 45-0220640 |                                 |
| (877) 285-7660 ext. [Phone]           |                         |                                 |

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## Filing Fees

*SERFF Tracking Number:*      *AULD-126964791*                      *State:*                      *Arkansas*  
*Filing Company:*              *Pioneer Mutual Life Insurance Company*              *State Tracking Number:*              *47598*  
*Company Tracking Number:*      *2910*  
*TOI:*                      *L09I Individual Life - Flexible Premium*              *Sub-TOI:*                      *L09I.001 Single Life*  
   *Adjustable Life*  
*Product Name:*              *Waiver of Monthly Deductions and Credit of Premium Disability Riders*  
*Project Name/Number:*              *Waiver of Monthly Deductions and Credit of Premium Disability Riders/2910*

**Fee Required?**              **Yes**  
**Fee Amount:**              **\$100.00**  
**Retaliatory?**              **No**  
**Fee Explanation:**              **\$50 per form x 2**  
**Per Company:**              **No**

| COMPANY                               | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|---------------------------------------|----------|----------------|---------------|
| Pioneer Mutual Life Insurance Company | \$100.00 | 12/28/2010     | 43259906      |



|                                 |  |                               |                             |
|---------------------------------|--|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i>   | <i>AULD-126964791</i>  | <i>State:</i>                 | <i>Arkansas</i>             |
| <i>Filing Company:</i>          | <i>Pioneer Mutual Life Insurance Company</i>                                     | <i>State Tracking Number:</i> | <i>47598</i>                |
| <i>Company Tracking Number:</i> | <i>2910</i>  |                               |                             |
| <i>TOI:</i>                     | <i>L09I Individual Life - Flexible Premium</i>                                   | <i>Sub-TOI:</i>               | <i>L09I.001 Single Life</i> |
|                                 | <i>Adjustable Life</i>   |                               |                             |
| <i>Product Name:</i>            | <i>Waiver of Monthly Deductions and Credit of Premium Disability Riders</i>      |                               |                             |
| <i>Project Name/Number:</i>     | <i>Waiver of Monthly Deductions and Credit of Premium Disability Riders/2910</i> |                               |                             |

## Disposition

Disposition Date: 01/11/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AULD-126964791 State: Arkansas

Filing Company: Pioneer Mutual Life Insurance Company State Tracking Number: 47598

Company Tracking Number: 2910

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: Waiver of Monthly Deductions and Credit of Premium Disability Riders

Project Name/Number: Waiver of Monthly Deductions and Credit of Premium Disability Riders/2910

| Schedule            | Schedule Item                                 | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Flesch Certification                          |                      | Yes           |
| Supporting Document | Application                                   |                      | No            |
| Supporting Document | Health - Actuarial Justification              |                      | No            |
| Supporting Document | Outline of Coverage                           |                      | No            |
| Supporting Document | actuarial memos                               |                      | No            |
| Supporting Document | statement of variability                      |                      | Yes           |
| Form                | Waiver of Monthly Deductions Disability Rider |                      | Yes           |
| Form                | Credit of Premium Disability Rider            |                      | Yes           |

SERFF Tracking Number: AULD-126964791 State: Arkansas

Filing Company: Pioneer Mutual Life Insurance Company State Tracking Number: 47598

Company Tracking Number: 2910

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: Waiver of Monthly Deductions and Credit of Premium Disability Riders

Project Name/Number: Waiver of Monthly Deductions and Credit of Premium Disability Riders/2910

## Form Schedule

### Lead Form Number: 2910

| Schedule Item Status | Form Number | Form Type Form Name   | Action  | Action Specific Data | Readability | Attachment                             |
|----------------------|-------------|---|---------|----------------------|-------------|--|
|                      | 2910        | Policy/Cont Waiver of Monthly ract/Fratern Deductions Disability al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial |                      | 58.400      | 2910 Waiver of Monthly Deductions.p df |
|                      | 2911        | Policy/Cont Credit of Premium ract/Fratern Disability Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider            | Initial |                      | 54.400      | 2911 Credit of Premium.pdf             |

**Pioneer Mutual Life Insurance Company**  
*A stock subsidiary of American United Mutual Insurance Holding Company*  
**[101 North 10th Street**  
**Fargo, ND 58102]**

**WAIVER OF MONTHLY DEDUCTIONS DISABILITY RIDER**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. This rider changes your policy only as and to the extent stated herein. This rider's provisions shall control when there is a conflict between this rider and the policy.

**Definitions**

**Insured** - As used in this rider, the Insured is the same as the Insured for the policy.

**Total Disability** – A disability that:

- (1) Results from an injury first occurring or a disease first manifesting itself after the Policy Date of the rider but before the Policy Anniversary on which the Insured reaches the Attained Age of 65;
- (2) Has continued for at least six (6) consecutive months;
- (3) Requires regular attendance by a licensed physician, other than the Insured or the Insured's immediate family; and
- (4) Prevents the Insured from performing the material and substantial duties of an occupation for pay or profit. During the first [two (2)] years of Total Disability, an "occupation" means the Insured's regular occupation at the time the Total Disability began. After [two (2)] years, "occupation" means any occupation for which the Insured is, or could reasonably become, qualified by reason of education, training, or experience. (Being a homemaker or a student is considered engaging in work for pay or profit.)

**Benefit**

While this policy and rider are in force, if the Total Disability continues for a consecutive period of six (6) months, then the Monthly Deductions in the policy will be waived, subject to the following:

- (1) If the Insured's Total Disability begins before the Policy Anniversary on which the Insured reaches the Attained Age of 60, We will waive all Monthly Deductions becoming due during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 121.
- (2) If the Insured's Total Disability begins on or after the Policy Anniversary on which the Insured reaches the Attained Age of 60 and before the Policy Anniversary when the Insured reaches the Attained Age of 65, We will waive all Monthly Deductions becoming due during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 70



The Monthly Deductions waived will not be taken from the policy proceeds. The Monthly Deductions that will be waived are as defined in the policy and include:

1. The Monthly Administrative Charge; plus
2. The Face Amount Charge; plus
3. The Cost of Insurance; plus
4. The cost for any riders.

If the waiver of Monthly Deductions is in effect all benefits included under the policy will continue in force.

### **Effect of Policy Adjustments**

An application to increase the Total Face Amount of the policy will be considered to be an application to increase the coverage provided by this rider.

### **Exclusions**

The following is a list of the exclusions in which the waiver of Monthly Deductions would not be applicable:

- (1) Total Disability caused or contributed to by an attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- (2) Total Disability caused or contributed to by active participation in a riot, insurrection or terrorist activity;
- (3) Total Disability caused or contributed to by committing or attempting to commit a felony;
- (4) Total Disability caused or materially contributed to by the voluntary intake or use by any means of:
  - (a) Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
  - (b) Poison, gas or fumes, unless a direct result of an occupational accident;
- (5) Total Disability caused or contributed to by intoxication as "intoxication" is defined by the jurisdiction where the disability occurred;
- (6) Total Disability caused while operating a vehicle while intoxicated above the legal limit or while under the influence of hallucinogen or substance causing intoxication;
- (7) Total Disability caused or materially contributed to by participation in an illegal occupation or activity; and/or
- (8) Total Disability caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the policy.

**Notice of Claim and Proof of Disability**

Before We will waive Your Monthly Deductions, We must receive a written notice of claim and proof of Total Disability while the Insured is living and totally disabled.

Written notice should be sent to Us between the third and sixth month after the Insured becomes totally disabled. We will then provide claim forms requesting proof of Total Disability. Forms should be completed and returned to Us as soon as possible after the Insured has been totally disabled for six (6) consecutive months.

Until We approve the claim, Monthly Deductions will continue when due as provided in the policy. After We approve Your claim and We begin to waive Monthly Deductions, We will credit to the policy's Account Value the amount of any Monthly Deductions previously deducted during a period of Total Disability.

If the Total Disability begins during a Grace Period, sufficient funds will be required to be added to the Account Value by the Policy Owner. This ensures that any overdue Monthly Deductions can be deducted to avoid a lapse of insurance before We approve the claim for the waiver of Monthly Deductions.

**Proof of Continuation of Total Disability**

After We approve the claim, We will require proof at reasonable intervals of the continuation of Total Disability. During the first two (2) years, proof will not be required more frequently than once every 30 days. After that time, proof will not be required more than once in any 12-month period. As part of the proof requirements We may, at our own expense, designate a physician to examine the Insured. If the proof requested is not furnished, We will then stop waiving the Monthly Deductions.

**Incontestability**

This rider will not be contested after it has been in force during the lifetime of the Insured for two (2) years from the Policy Date, except for fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. Any period during which the Insured is totally disabled will not be included in the determination of the two (2) year period.

**Cost of Benefit**

The cost for this rider is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the rider terminates.

**Nonforfeiture Values**

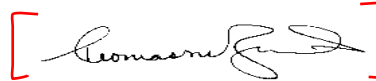
This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

The monthly cost factors for this rider are based on the Insured's Attained Age and are shown on the Rider Specifications Page. The monthly cost for this rider is the monthly cost factor times the premium class rating factor shown on the Rider Specifications Page times the amount of the current Monthly Deduction, excluding the cost for this rider.

**Termination** – This rider terminates on the earliest of the following dates:

- (1) The date the Insured dies;
- (2) The date the policy is terminated or continued as paid-up or extended term insurance;
- (3) The Monthiversary following the date requested by You in writing;
- (4) Upon nonpayment of the premium for this rider; or
- (5) The Policy Anniversary on which the Insured reaches the Attained Age of 65, unless the Insured is on claim approval status, or until the end of the premium pay period, if sooner. However, this termination will not affect any benefit payable for Total Disability beginning before the Insured reaches the Attained Age of 65.

Signed for Pioneer Mutual Life Insurance Company by,

A handwritten signature in black ink, enclosed within red square brackets. The signature appears to be "Leonard J. [unclear]".

Secretary

**Pioneer Mutual Life Insurance Company**  
*A stock subsidiary of American United Mutual Insurance Holding Company*  
**[101 North 10<sup>th</sup> Street**  
**Fargo, ND 58102]**

**CREDIT OF PREMIUM DISABILITY RIDER**

This rider is a part of the policy to which it is attached. The Policy Date of this rider is the same as the Policy Date of the policy unless otherwise stated on the Rider Specifications Page. This rider changes Your policy only as and to the extent stated herein. This rider's provisions shall control when there is a conflict between this rider and the policy.

**Definitions**

**Insured** - As used in this rider, the Insured is the same as the Insured for the policy.

**Benefit Amount** – The amount of the premium to be credited to the policy. It is chosen at the time of application. The Benefit Amount is listed on the Rider Specifications Page.

**Total Disability** – A disability that:

- (1) Results from an injury first occurring or a disease first manifesting itself after the Policy Date of this rider, but before the Policy Anniversary on which the Insured reaches the Attained Age of 65;
- (2) Has continued for at least six (6) consecutive months;
- (3) Requires regular attendance by a licensed physician other than the Insured or the Insured's immediate family; and
- (4) Prevents the Insured from performing the material and substantial duties of an occupation for pay or profit. During the first [two (2)] years of Total Disability, an "occupation" means the Insured's regular occupation at the time the Total Disability began. After [two (2)] years, "occupation" means any occupation for which the Insured is, or could reasonably become, qualified by reason of education, training, or experience. (Being a homemaker or a student is considered engaging in work for pay or profit).

**Benefit**

While this policy and rider are in force, if the Total Disability continues for a consecutive period of six (6) months, then We will credit to the Account Value the Benefit Amount for this rider as shown on the Rider Specifications Page, subject to the following:

- (1) If the Insured's Total Disability begins before the Policy Anniversary on which the Insured reaches the Attained Age of 60, We will credit the Benefit Amount to the Account Value during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 121.
- (2) If Insured's Total Disability begins on or after the Policy Anniversary on which the Insured reaches the Attained Age of 60 but before the Insured reaches the Attained Age of 65, We will credit the Benefit Amount to the Account Value

during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 70.

The amount credited to the Account Value will be treated as if it was a regular premium payment in that all of the charges described in the Policy will still apply. Crediting of Benefit Amounts under this rider does not guarantee that the Policy will continue in force.

The Benefit Amount credited to the Account Value will not be taken from the policy proceeds.

### **Exclusions**

The following is a list of the exclusions in which the benefits are not available under this rider:

- (1) Total Disability caused or contributed to by an attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- (2) Total Disability caused or contributed to by active participation in a riot, insurrection or terrorist activity;
- (3) Total Disability caused or contributed to by committing or attempting to commit a felony;
- (4) Total Disability caused or materially contributed to by the voluntary intake or use by any means of:
  - (a) Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
  - (b) Poison, gas or fumes, unless a direct result of an occupational accident;
- (5) Total Disability caused or contributed to by intoxication as "intoxication" is defined by the jurisdiction where the disability occurred;
- (6) Total Disability caused while operating a vehicle while intoxicated above the legal limit or while under the influence of hallucinogen or substance causing intoxication;
- (7) Total Disability caused or materially contributed to by participation in an illegal occupation or activity; and/or
- (8) Total Disability caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the policy.

### **Notice of Claim and Proof of Disability**

Before We will credit any amount under this rider, We must receive written notice of claim and proof of Total Disability while the Insured is living and totally disabled.

Written notice should be sent to Us between the third and sixth month after the Insured becomes totally disabled. We will then provide claim forms requesting proof of Total Disability. Forms should be completed and returned to Us as soon as possible after the Insured has been totally disabled for six (6) consecutive months.

Until We approve the claim, premiums will continue when due as provided in the policy. After We approve Your claim and We begin to credit the Benefit Amount, We will refund any premium previously paid during a period of Total Disability.

If the Total Disability begins during a Grace Period, sufficient premiums will be required to be paid by You. This ensures that any overdue Monthly Deductions can be deducted to avoid a lapse of insurance before We approve the claim for the credit of the Benefit Amount.

**Proof of Continuation of Total Disability**

After We approve the claim, We will require proof at reasonable intervals of the continuation of Total Disability. During the first two (2) years, proof will not be required more frequently than once every 30 days. After that time, proof will not be required more than once in any 12-month period. As part of the proof requirements, We may, at our own expense, designate a physician to examine the Insured. If the proof requested is not furnished, We will then stop crediting the Benefit Amount to the policy.

**Incontestability**

This rider will not be contested after it has been in force during the lifetime of the Insured for two (2) years from the Policy Date of this rider, except for fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. Any period during which the Insured was totally disabled will not be included in the determination of the two (2) year period.

**Nonforfeiture Values**

This rider does not have any Account Value, Cash Value, Cash Surrender Value, or loan value.

**Cost of Benefit**


The cost for this rider is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the rider terminates. The cost for this rider is shown on the Rider Specifications Page.

**Termination**

This rider terminates on the earliest of the following dates:

- (1) The date the Insured dies;
- (2) The date the policy is terminated or continued as paid-up or extended term insurance;
- (3) The Monthiversary following the date requested by You in writing;
- (4) Upon nonpayment of the premium for this rider; or
- (5) The Policy Anniversary on which the Insured reaches the Attained Age of 65, or the end of the premium pay period, if sooner, unless the Insured is on claim approval status. However, this termination will not affect any benefit payable for Total Disability beginning before the Insured reaches the Attained Age of 65.

Signed for Pioneer Mutual Life Insurance Company by,

  
Secretary

SERFF Tracking Number: AULD-126964791 State: Arkansas  
Filing Company: Pioneer Mutual Life Insurance Company State Tracking Number: 47598  
Company Tracking Number: 2910  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Waiver of Monthly Deductions and Credit of Premium Disability Riders  
Project Name/Number: Waiver of Monthly Deductions and Credit of Premium Disability Riders/2910

## Supporting Document Schedules

Item Status: Status  
Date:

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

2910 2911 flesch cert.pdf

Item Status: Status  
Date:

**Satisfied - Item:** actuarial memos

**Comments:**

**Attachments:**

Actuarial Memorandum - 2910 - Waiver of Monthly Deductions.pdf

Actuarial Memorandum - 2911 - Credit of Premium.pdf

Item Status: Status  
Date:

**Satisfied - Item:** statement of variability

**Comments:**

**Attachment:**

SOV 2910 2911 filing.pdf

## CERTIFICATE OF READABILITY

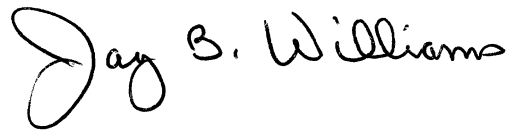
I, Jay B. Williams, Chief Compliance Officer of Pioneer Mutual Life Insurance Company, hereby certify that the following form has the following readability score as calculated by the Flesch Reading Ease Test and that this form meets the reading ease requirements of your state.

### FORMS

### READABILITY SCORE

2910  
2911

58.4  
54.4

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large, stylized "J" and "W".

---

Jay B. Williams  
Chief Compliance Officer  
12/27/2010



**PIONEER MUTUAL LIFE INSURANCE COMPANY**

**ACTUARIAL MEMORANDUM**

**WAIVER OF MONTHLY DEDUCTIONS DISABILITY RIDER**

**Form 2910**

Benefit Description

If the Insured has a Total Disability as defined in the rider form while the rider is in force, then the Monthly Deductions in the policy will be waived, subject to the following:

- (1) If the Insured's Total Disability begins before the Policy Anniversary on which the Insured reaches the Attained Age of 60, We will waive all Monthly Deductions becoming due during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 121.
- (2) If the Insured's Total Disability begins on or after the Policy Anniversary on which the Insured reaches the Attained Age of 60, and before the Policy Anniversary when the Insured reaches the Attained Age of 65, We will waive all Monthly Deductions becoming due during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 70.

Cost of Benefit

The cost for this rider is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the rider terminates. The monthly cost is equal to a monthly cost factor times the monthly deductions for the policy and all other riders. The monthly cost factors vary by attained age and are shown on the Rider Specifications Page.

Reserves

The reserve for this benefit is equal to one-half of the most recent monthly deduction that would be waived.

Nonforfeiture Benefits

This rider has no cash value and no loan value.



S Joseph Pearson FSA, MAAA  
Vice President, Pricing Actuary

12/20/2010

Date

**PIONEER MUTUAL LIFE INSURANCE COMPANY**

**ACTUARIAL MEMORANDUM**

**CREDIT OF PREMIUM DISABILITY RIDER**

**Form 2911**

Benefit Description

If the Insured has a Total Disability as defined in the rider form while the rider is in force, then the Benefit Amount for this rider will be credited to the Account Value, subject to the following:

- (1) If the Insured's Total Disability begins before the Policy Anniversary on which the Insured reaches the Attained Age of 60, We will credit the Benefit Amount to the Account Value during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 121.
- (2) If Insured's Total Disability begins after the Policy Anniversary on which the Insured reaches the Attained Age of 60 but before the Insured reaches the Attained Age of 65, We will credit the Benefit Amount to the Account Value during the continuance of that disability until the Policy Anniversary on which the Insured reaches the Attained Age of 70.

The amount credited to the Account Value will be treated as if it was a regular premium payment in that all of the charges described in the Policy will still apply.

Cost of Benefit

The cost for this rider is determined monthly and deducted from the Account Value of the policy on each Monthiversary until the rider terminates. The monthly cost is equal to a monthly cost factor times the Benefit Amount (in hundreds). The monthly cost factor varies by the issue age of the Insured. The monthly cost is shown on the Rider Specifications Page.

Reserves

The reserve for this benefit is equal to one-half of the monthly rider cost.

Nonforfeiture Benefits

This rider has no cash value and no loan value.



S Joseph Pearson FSA, MAAA  
Vice President, Pricing Actuary

12/20/2010  
Date

Pioneer Mutual Life Insurance Company  
Statement of Variability

**Waiver of Monthly Deductions Disability Rider  
Form 2910**

**Credit of Premium Disability Rider  
Form 2911**

The company address is indicated as variable in case we should change our physical location.

The officer's signature is bracketed in the case that a new Secretary is named.

Total Disability, page 1 (#4): The variability in the case of Total Disability is two or five years. The client gets to choose between a two or five year period in which he/she is incapable of working in his/her own occupation before being totally disabled and unable to work in any occupation.